PART B - FEE(S) TRÂNSMITTAL

MAR 12 2007			: appneasie	or <u>Fax</u>	Con P.O. Alex (571	missioner for Box 1450 andria, Virgi)-273-2885	Paten nia 223	313-1450			· .
INSTRUCTIONS: This for appropriates All further conditions and indicated units a personal maintenance les normalisations.	should be used for respondence including below or directed others	r trans g the P erwise	mitting the ISSU atent, advance or in Block 1, by (a	JE FEE and PUBLIC ders and notification of specifying a new co	of ma orresp	ON FEE (if requi intenance fees w ondence address;	red). Blo ill be ma and/or (l	ocks 1 through 5 sailed to the current b) indicating a sepa	nould be corresponded arate "FI	completed ondence addr EE ADDRES	where ress as S" for
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01 FC:1501 02 FC:1504					Sharon E March 9, 2007			-	Rojan (Sign		
APPLICATION NO.	FILING DATE	" " T		FIRST NAMED INVEN	TOR .	•	ATTORNEY DOCKET NO.		CONFIRMATION NO.		
10/730,067 TITLE OF INVENTION: 1	12/09/2003 METHOD AND APPA SMALL ENTITY	·	S FOR STREAM	Louis B. Rosenber	S TO	A FORCE FEEDI	BACK D	IMR-0023C EVICE TOTAL FEE(S) DUE		2941 DATE DUE	
nonprovisional	NO NO	100	\$1400	\$300	702	\$0		\$1700		03/13/2007	لــــــــــــــــــــــــــــــــــــــ
EXAMINER		·	ART UNIT	CLASS-SUBCLASS				• .			
LIANG, RI	345-156000	<u>, </u>									
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THELEN REID BROWN RAYSMAN & STEINER 2 LLP 3							
3. ASSIGNEE NAME AN PLEASE NOTE: Unler recordation as set forth (A) NAME OF ASSIGNATION Immersion Please check the appropria	ss an assignee is ident in 37 CFR 3.11. Comp NEE Corporatio	fied be letion o	low, no assignee of this form is NO	data will appear on to T a substitute for filin (B) RESIDENCE: (C)	the parties an a	tent. If an assign ssignment. and STATE OR C	rnia	Y)			
4a. The following fee(s) as	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) ☐ A check is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1698 (enclose an extra copy of this form).										
5. Change in Entity Statu	SMALL ENTITY state	s. See :	37 CFR 1.27.	☐ b. Applicant is no				· · · · · · · · · · · · · · · · · · ·			
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if req cords of the United Sta	uired) v tes Pate	vill not be accepte ent and Trademark	d from anyone other to COffice.	han th	e applicant; a regi	stered att	orney or agent; or t	ne assigr	iee or other p	party in
Authorized Signature				Date March 8 , 2007							
Typed or printed name	David B.	Rit	chie	*****		Registration N	lo. <u>31</u>	,562			
This collection of informa an application. Confidenti submitting the completed this form and/or suggestio Box 1450, Alexandria, Vi Alexandria, Virginia 2231 Under the Paperwork Red	3-1450.	NOI	SEND FEES OK	COMPLETED FORM	15 10	THIS ADDRESS	o. SEND	10: Commissioner	IOI Face	ins, 1 .O. 150/	rocess) ng, and implete e, P.O. x 1450,